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## \*BIBDATASHEET\*

CONFIRMATION NO. 9320

Bib Data Sheet

SERIAL NUMBER 09/588,999	FILING DATE 06/06/2000  RULE	CLASS 423	GROUP ART UNIT 1754	ATTORNEY DOCKET NO. 12672-E
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## APPLICANTS

Robert S. Wegeng, Richland, WA;

Ward E. TeGrotenhuis, Kennewick, WA;  
Greg A. Whyatt, West Richland, WA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/01/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature Initials	WA	25	49	11

## ADDRESS

Intellectual Property Services  
 Battelle Memorial Institute  
 Pacific Northwest Division  
 P O Box 999  
 Richland , WA  
 99352

## TITLE

MICROSYSTEM PROCESS NETWORKS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )
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